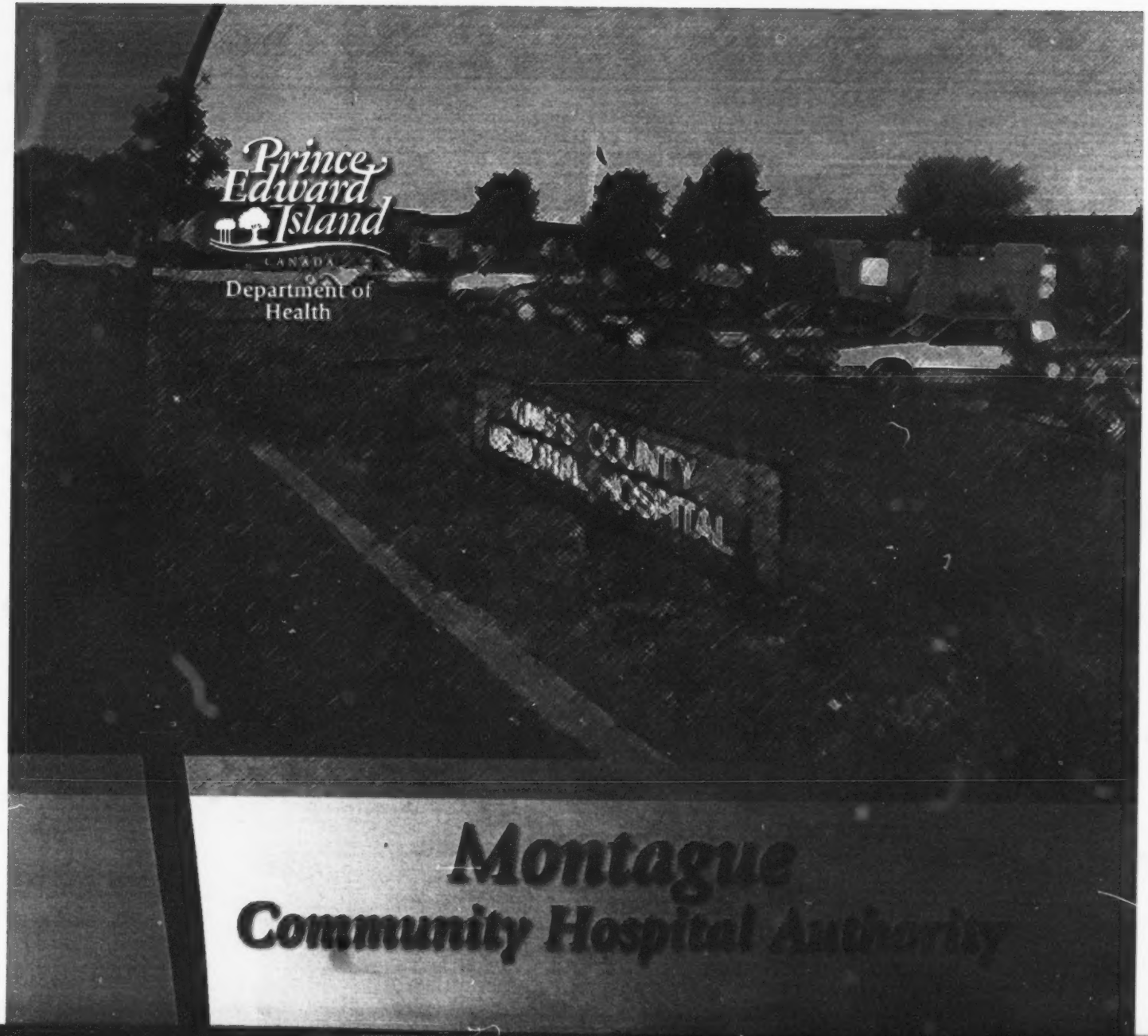

Prince Edward Island
CANADA
Department of Health
Montague
Community Hospital Authority

# *Board Members*

Michael Gallant, Chair, *Georgetown*
Sherry Kacsmarik, Vice-chair, *Brudenell*
Niall MacKay, *Montague*
Hugh Robbins, *Montague*
Marian Trowbridge, *Bridgetown*

***Montague Community Hospital Authority Board Members***
*Back Row*: Niall MacKay, Mike Gallant, Hugh Robbins
*Front Row*: Marian Trowbridge, Sherry Kacsmarik

# *Contents*


| | |
|---|---|
| *Board Members* | *1* |
| *Physicians* | *2* |
| *Chair's Report* | *3* |
| *Administrator's Report* | *7* |
| *Medical Director's Report* | *11* |
| *Organizational Charts* | *13* |
| *Long-term Service Awards* | *14* |
| *Kings County Memorial Hospital Foundation Inc.* | *15* |
| *Kings County Memorial Hospital Auxiliary* | *17* |
| *Junior Volunteers* | *18* |
| *Occupational Therapy* | *19* |
| *Physiotherapy* | *20* |
| *Acute Care* | *23* |
| *Support Services* | *25* |
| *Pharmacy* | *26* |
| *Diagnostic Services* | *27* |

*... seven full-time physicians practicing from neighboring clinics.*

*... a number of consultant physicians providing services ...*

# *Physicians*

The Kings County Memorial Hospital has a physician complement of seven full-time physicians practicing from neighboring clinics. In addition, a number of consultant physicians provide services within the Kings County Memorial Hospital on a regular basis.

Dr. E. Guirguis

Dr. D. Hambly

Dr. B. Holland

Dr. G. Johnston

Dr. A. MacLeod

Dr. T. Magennis

Dr. B. Wonnacott

## Consulting Physicians

| | |
|---|---|
| Dr. L. Abbott | - Medical Microbiology |
| Dr. D. Ashby | - General Surgery |
| Dr. N. Dada | - Psychiatry |
| Dr. D. Dryer | - Oncology |
| Dr. R. Jay | - Psychiatry |
| Dr. B. Ling | - Orthopedic Surgery |
| Dr. G. McLean | - Plastic Surgery |
| Dr. C. MacMillan | - Internal Medicine/Cardiology |
| Dr. T. Stultz | - Geriatrics |
| Dr. M. Zelman | - Pediatrics |

*The acute care facility's pivotal mission is to provide primary health care to residents and visitors of southern Kings and Queens Counties in a manner that employs high standards for patient care.*

# *Chair's Report*

In 2005 the Government of Prince Edward Island legislated a major restructuring of the health and social services delivery system for the province that saw the dismantling of the regional governance model. Part of the new restructuring was the creation of five community hospital authorities from which the Montague Community Hospital Authority was formed and charged with implementing a vision, business plan and policies for the governance of the Kings County Memorial Hospital. The acute care facility's pivotal mission is to provide primary health care to residents and visitors of southern Kings and Queens Counties in a manner that employs high standards for patient care. At present five Board members have been appointed until such time the Government puts forth regulations and systems to allow for a full Board to be elected. Some of these members will represent electoral zones while others will be elected at-large.

In 2006 the new Board will be working on interim policies of governance, establishing protocols for a community needs assessment, preparing for accreditation in 2007 and working toward a business plan all of which will contribute to Kings County Memorial Hospital's continued efforts in providing effective and quality services to its patients. These processes will involve the assistance and expertise of key health professionals and engage community minded citizens so that the Board can best represent the needs and expectations of the community.

Education, expectations, visibility and understanding of the community and its issues are key components for any organization to function well. To this end, the Board does advertise on occasion that portions of its meetings are open for public input. Further,

from time to time, the Board will, upon request or invite, meet with various groups and community representations. It is the Board's desire to have meetings in various areas of our hospital community to demonstrate that the Kings County Memorial Hospital is important to the whole southern Kings and Queens region and not only to its local milieu.

*We want to hear from you and be responsive to your concerns and issues.*

The Hospital does not live in isolation of other identities. We shall continue to partner, listen and explore creative avenues with other organizations, community service groups, service providers and other interested parties in order to strengthen our role in the provision of critical services. We want to hear from you and be responsive to your concerns and issues. I believe it is important for the community to have a voice and input into the formal health system. Through an open and transparent system of dialogue and good will we can achieve much together.

The retention and recruitment of key health professionals continues to be a critical issue across the Island. Competition from other areas, new information technologies and an aging staff and physician complement shall need much critical attention, resources and flexibility so that today's choices can meet the challenges of tomorrow. We have excellent administration, staff, volunteers and health care professionals working in and on behalf of our facility. Presently, Kings County Memorial Hospital is relatively stable when it comes to its human resource base but we must always be vigilant and up to date with systems technology to meet these future demands and community expectations.

The year 2006 is truly a major transitional year for the Board as members become more familiar with their roles and focus on hospital operations along with their own expectations and vision for KCMH. I should like to thank them for their generosity to serve on the Board for each brings a unique community perspective

critical in improving our connections with you. I should like also to thank the professional and support staff, our committed community partners and volunteers as we continue to forge ahead to improve the health of our community.

Sincerely,

Michael Gallant
Chair

# *Administrator's Report*

*In order to plan for the future it is important to take time to look back at both the recent and distant past.*

In order to plan for the future it is important to take time to look back at both the recent and distant past.

The Kings County Memorial Hospital was incorporated in 1933. The present facility was built in 1971. It is a 30-bed acute care community hospital which serves the needs of the residents of Southern Kings and Queens.

In October 1993, Bill 33 created five regional health authorities to govern health care in Prince Edward Island. On November 9, 2002, the Eastern Kings and Southern Kings Health Regions were amalgamated to create the Kings Health Region and the Provincial Health Services Agency (PHSA) was created to govern the Queen Elizabeth Hospital and the Prince County Hospital. In April 2005, the Government of Prince Edward Island announced the restructuring of the entire provincial health and social services delivery system. Through this process the Department of Health and Social Services was replaced by two new departments, namely, the Department of Health and the Department of Social Services and Seniors. On January 1, 2006, Bill 55, the *Community Hospital Authorities Act*, created five community hospital authorities with the Montague Community Hospital Authority having responsibility for the Kings County Memorial Hospital. Within the new Department of Health, Kings County Memorial Hospital reports under the Division of Community Hospitals and Continuing Care.

A five-member interim board was appointed which is accountable to the Minister of Health. The board is responsible to: operate and manage the community hospital; meet the regulations of the

*Staff are to be commended for their flexibility and willingness to do whatever was required to ensure continuity of quality patient care.*

*Community Hospital Authorities Act* and the *Hospital Act*; identify and prioritize the health service needs of the community; prepare an annual business plan, and hold a public annual meeting. In future, board members will be elected from within the hospital catchment area and the board will be expanded to seven members when the first elections are held.

2005-2006 has been a year of significant organizational change. In addition to the health regions having been dissolved and the Montague Community Health Authority being created, we have seen the departure of a number of long serving managers and staff. We said goodbye to both the Regional CEO and the Director of Acute and Continuing Care. These two positions were collapsed into one position which is the Administrator of the Kings County Memorial Hospital and the Riverview Manor. As well, we said goodbye to the Manager of Housekeeping and to the Manager of Dietary Services. These two positions were combined into what is now the Support Services Manager position. Two of our clerical staff retired this year and a new Administrative Assistant position was created. At the end of March 2006, four staff from the former Community Health Centre were transferred under the auspices of the Kings County Memorial Hospital. We welcome those folks to their new reporting relationship with the hospital.

With the reorganization of management and clerical positions, many staff have taken on additional duties throughout this time of transition. Staff are to be commended for their flexibility and willingness to do whatever was required to ensure continuity of quality patient care.

In looking back to the hospital's annual report of 20 years ago, the three main issues facing the hospital at that time were, 1) an adequate number of positions and recruitment of staff to those positions, 2) activity in the emergency department, and 3) the need for more beds in nursing home and community care facilities.

Although these are still concerns today, the situation has changed in some ways over time. We continue to work with ever increasing demands for service and the need to move positions from one area of service to another or to create additional positions for periods of time to meet changing demands. A few years ago we were recruiting physicians to fill vacant practices. This past year has been one of a significant shortage of nursing staff, both RNs and LPNs. This shortage continues today and appears will continue to be a struggle into the coming year. We managed to allow staff holiday time at Christmas by reducing our available beds from 30 to 20 for a two-week period of time. This worked well and will occur again this coming Christmas.

As with 20 years ago, we have seen an increasing demand for services in the emergency department. During the month of May in 1986, 548 clients were seen in the emergency department. In May of 2006 the number of clients seen was 1503. That represents a 275% increase in demand over 20 years.

Although we have seen a significant improvement in the number of nursing beds and community care facility beds available in the community, with the increasing number of seniors in our midst this continues to be a pressure point for hospitals when it comes time for discharge from acute care. Our partnership with Home Care and the work of our multi-disciplinary team have made planning for discharge from our hospital a well managed process.

It is important to note the many volunteers who are key to the success of our hospital. For example, the Auxiliary, the Foundation, and the Volunteens are tireless workers who make such a difference in peoples lives during their stay in our hospital. Although government provides for the operation of the hospital, it is volunteers, fund-raisers, and community donors that provide for the equipment needs of our care providers. Without you, our job would be impossible.

*It is important to note the many volunteers who are key to the success of our hospital.*

I would like to close my report by thanking all members of the new hospital board, the hospital staff, and the physicians for their continued commitment to the health of our community and its residents. It is a pleasure to have joined such a dedicated group of health care providers on our mission to improve the health status of Islanders.

Respectfully submitted,

N. Jean Fallis
Administrator

# *Medical Director's Report*

*Presently in Montague we have a full complement of seven full time family physicians. We all work well together as a cohesive unit.*

In April 2005 government announced the dissolution of the Provincial Health Services Authority and the four health regions across the province with all health related services being administered through the newly created Department of Health and Department of Social Services and Seniors. Under this new structure, hospital boards were appointed for each community hospital.

In November 2005 we welcomed Jean Fallis as our new Hospital Administrator at Kings County Memorial Hospital and that same month the new Hospital Board was appointed. I was Medical Director to the former Kings Health Region during the transition period and now I continue as Medical Director for both the Kings County Memorial and Souris Hospitals.

Presently in Montague we have a full complement of seven full time family physicians. We all work well together as a cohesive unit. We have a number of visiting consultants who come to Montague on a regular basis including: Dr. D. Ashby; Dr. D. Dryer; Dr. Dada; Dr. R. Jay; Dr. B. Ling; Dr. G. MacLean; Dr. C. MacMillan; Dr. T. Shultz, and Dr. M. Zelman. We are very grateful for having these knowledgeable specialist physicians coming to Montague, providing their services.

With the closure of the Souris Hospital ER in January 2006, we have seen an increase in the visits to our ER. The group of physicians in Montague has written to the Joint Consultation Committee of the Medical Society and the Department of Health to look at compensation for the physicians in Montague working in the ER with the increased workload. We have not heard any word back on this matter to date.

*After all, both the Queen Elizabeth Hospital and the Prince County Hospital are referral centres for all of Prince Edward Island, regardless of where the patient comes from.*

The Montague physicians have had some discussions with the group of physicians in Souris regarding the transfer of patients between the Souris and Montague hospitals. We seemed to have worked out a system agreeable to all thus far. The Montague physicians often are looking after patients from the Souris area either as out-patients held over night or as in-patients. This is again additional work for the group in Montague.

The physicians in Montague have had a few incidents where there was difficulty transferring patients to Internal Medicine in Summerside, when there were no beds available in Charlottetown. The matter has been addressed by the Medical Director of the Prince County Hospital, Dr. W. Salamoun, and hopefully we shall no longer experience any difficulties in the future. After all, both the Queen Elizabeth Hospital and the Prince County Hospital are referral centres for all of Prince Edward Island, regardless of where the patient comes from.

In the past year, both the Advanced Cardiac Life Support (ACLS) course and the Pediatric Advanced Live Support (PALS) course have been held in Montague with a number of hospital staff receiving certification. Our EMS/Ambulance service has been restructured across the province and we in Kings County are very fortunate to have excellent EMS personnel with eleven P3 trained Paramedics in our area.

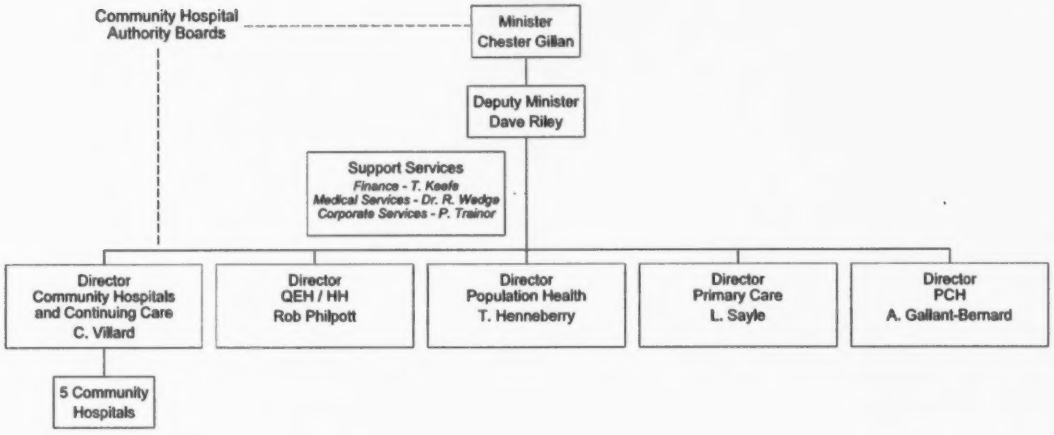
As Medical Director I have received no complaints regarding medical services provided at Kings County Memorial Hospital in the past year. I believe this is a reflection of the excellent medical services provided to residents by our dedicated medical and health team.

Respectfully submitted,

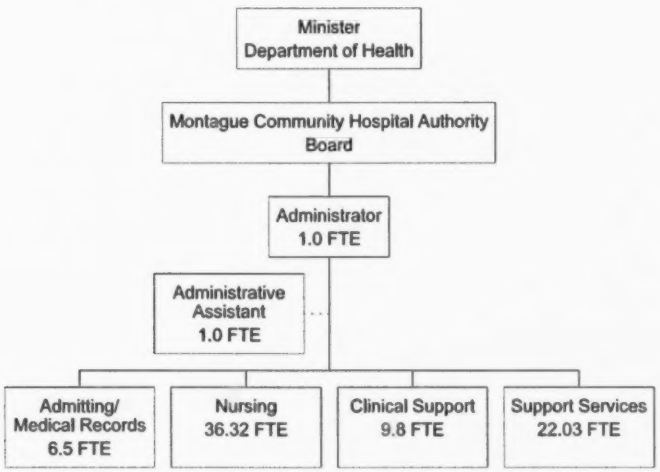
Geraldine Johnston

Dr. Geraldine Johnston
Medical Director

# *Prince Edward Island Department of Health*




# *Kings County Memorial Hospital Permanent Staff Complement*



# *Long Term Service Awards*

Congratulations to the following staff who reached a milestone in service during the 2005-06 fiscal year:

**35+ years**
Darrell Poulton – *Support Services*
Shirley MacLean – *Support Services*

**30 years**
Elaine McHerron -- *Nursing*

**20 years**
Rose Duffenais – *Nursing*
Charlie Hicken – *Support Services*

# *Kings County Memorial Hospital Foundation Inc.*

*One unique feature of the KCMH Foundation is their support of education for hospital staff.*

Kings County Memorial Hospital Foundation Inc. was formed in 1995, and consists of a board of 11 members. Five members are elected representing five geographic areas of the southern part of Kings County. Four members are appointed and those include the hospital administrator, a representative from the KCMH Auxiliary, an elected representative of the staff of KCMH, and a physician designated by the Medical Staff Committee of KCMH. The Director of Nursing of KCMH and a representative from finance also serve as ex-officio members.

The main responsibility of the Foundation is to manage dollars that are received each year at KCMH through donations, memorials, and estates. This amounts to approximately $90,000 - $100,000 each year. The Foundation must spend at least 80% of those dollars, and can invest the other remaining 20%. At March 31, 2006, the Foundation had approximately $149,000 in trust which can be used for major initiatives.

The Foundation Board reviews all equipment needs which are identified for the KCMH and allocates monies to purchase equipment, based on priority needs. The Board has also, in the past, supported structural changes to the facility to allow for improved service delivery for both clients and staff. The Board is the body that initiates any capital campaigns undertaken to raise financial contributions for the hospital.

One unique feature of the KCMH Foundation is their support of education for hospital staff. Last year approximately $11,000 was spent in covering costs of registration to courses, replacement of staff, and travel. This has allowed our staff many opportunities for

*After six years as a board member and Chair, Marie Wood completed her two terms with the Foundation this year.*

on going support and training which is so important. Purchases of equipment this year totaled approximately $214,000 and included items such as a cast cutter with a vacuum ($5,000), equipment sterilizer ($39,000), multi view workstation cardiac monitor ($68,000), defibrillator ($18,000), hot/cold food serving line in the kitchen ($23,000), pediatric scales/liner ($5500), ice maker ($5,000) and many others such items.

As well, the KCMH Foundation has agreed to contribute $20,000 to the new electronic health records initiative (EHR), known as the Clinical Information System (CIS).

After six years as a board member and Chair, Marie Wood completed her two terms with the Foundation this year. We would like to take this opportunity to extend our heartfelt thanks for her faithful service and wish her well in her future volunteer efforts.

# *Kings County Memorial Hospital Auxiliary*

*The Auxiliary has an active and committed membership that completed an amazing 7,511 volunteer hours this past year.*

The Hospital Auxiliary hold regular monthly meetings on the second Thursday of each month from September to June. New members are always welcome. The Auxiliary has an active and committed membership that completed an amazing 7,511 volunteer hours this past year.

The Auxiliary has three major committees in charge of fundraising. Enough cannot be said about their endless hours of dedication and commitment to produce an extremely successful year. These committees are:

- *The Nearly New Shop* – under the direction of Nellie Patterson and her crew of cutters and sorters;

- *The Gift Shop* – under the direction of Marjorie McGee and the volunteers who staff and stock the shop; and

- *The Project Committee* – Jeannie Garnhum and her crew of volunteers who do everything from organizing the Family Af-fair to flipping pancakes.

This year the Auxiliary purchased more than $39,000 in equipment and supplies for the hospital. This included items such as a cardiac monitor, cafeteria refrigeration line unit, curtains and room dividers, chairs for the patient rooms and a TV/DVD player. These items are all a tremendous help to both staff and patients alike and are greatly appreciated. The efforts of volunteers are critical to the ongoing operation of Kings County Memorial Hospital.

*These dedicated young people volunteered a total of 710 hours at KCMH and 225.5 hours at Riverview Manor this year.*

# *Junior Volunteers*

The Junior Volunteer program began at KCMH in 1977 with an initial group of eighteen young men and women. This year sixteen teenagers were trained with a series of six workshops before they began their service. The workshops were given by staff of the Riverview Manor, staff of the Kings County Memorial Hospital, Mrs. Connie Ings on flower care, Lynda Boudreault from Home Care and by the co-directors of the Junior Volunteer Program, Helen Robbins and Thelma MacLeod.

Five junior volunteers returned from the previous year. Sixteen young women and two young men are in the Community Bursary Program, eleven of which will graduate from Grade 12 this year. These dedicated young people volunteered a total of 710 hours at KCMH and 225.5 hours at Riverview Manor this year.

Activities of these volunteers includes such things as assistance with serving meals, reading to patients, errands to the gift shop, delivering mail or flowers, assisting nursing staff, assisting patients to walk when appropriate, tidying up after meal trays have been picked up, accompanying patients, and many other valuable services.

Sponsorship by the Kings County Memorial Hospital Foundation allows for a windup banquet for the Junior Volunteers which was scheduled for May 30, 2006.

# *Occupational Therapy*

*... the occupational therapist also provides home visits to clients previously admitted to KCMH, and works in the school setting ...*

At KCMH we currently have one occupational therapist who works one day per week. This position was vacant from April to July 2005. Our new therapist was able to work two days per week from July until October in order to meet the needs due to this break in service. The role of the occupational therapist is to complete mobility assessments, help clients work with adaptive equipment and develop programming for clients.

In addition to providing occupational therapy services to inpatients, the occupational therapist also provides home visits to clients previously admitted to KCMH, and works in the school setting for Kings County.

In 2005-2006 there were 24 inpatients seen, with 17 of these patients receiving more than one visit.

*The core services for physiotherapy, assessing, consulting and treating clients for acute and chronic conditions as inpatients and outpatients is the majority of the work in physiotherapy.*

# *Physiotherapy*

The core services for physiotherapy, assessing, consulting and treating clients for acute and chronic conditions as inpatients and outpatients is the majority of the work in physiotherapy. As well, the hospital physiotherapist participates in weekly interdisciplinary meetings, responds to questions regarding staff care of clients and the work place environment. The physiotherapist is the facilitator for the transfer, lift and repositioning program (TLR). This includes ordering equipment, training staff on proper lift and transfer techniques and working with a committee to oversee this program. The physiotherapist is also the KCMH representative on the provincial Muskuloskeletal Injury Prevention Project (MSIP) with Health Canada.

Additional duties of the physiotherapist include being a liaison with the equipment loans program and supervision of the Health Care Futures students and physiotherapy students.

The number of referrals remains fairly constant from year to year with the average wait time for service being four weeks.

## Physiotherapy Statistics

| Activity | 2004-2005 | 2005-2006 |
|---|---|---|
| Number of referrals (outpatients) | 295 | 292 |
| Number of visits (outpatients) | 1,541 | 1,444 |
| Number of new assessments completed (outpatients) | 257 | 245 |
| Number of new assessments completed (inpatients) | 160 | 153 |

# *Nutrition Services*

*The primary focus of the service at KCMH is counseling for outpatients, which is provided in the office, in group classes, and occasionally in clients' homes.*

The Clinical Dietitian works with people with disease or at risk of developing disease. She is concerned with diet therapy in the treatment, management, and secondary prevention of acute illnesses and chronic diseases/conditions and with maintenance of normal nutritional requirements for people living in the community, hospital inpatients, and long-term care residents.

The primary focus of the service at KCMH is counseling for outpatients, which is provided in the office, in group classes, and occasionally in clients' homes. Referrals may be from physicians, other health professionals, or self-referrals.This year, 123 referrals were received for seniors, adults, teenagers and school aged children with cardiovascular, digestive, and miscellaneous conditions and other nutrition concerns.Three series of Heart Healthy Eating classes were held with total attendance of 27.

On referral from KCMH medical, nursing, and dietary staff, 34 inpatients were seen for assessment and recommendation of appropriate diet order, patient education, and assistance with other problems. he Dietitian participates in the weekly multi-disciplinary team meetings to plan patient care.

Nutrition education is provided to the public in various ways. In keeping with the Nutrition Month theme in March, Make Wise Food Choices Wherever You Go, the Dietitian gave a presentation on the new nutrition labels, with nine attending. She also spoke about nutrition to the Mens Addiction Rehabilitation group. Approximately 35 requests for information were received this year from staff and public.

*The provincial clinical dietitians meet bi-monthly to share information, facilitate professional education and work cooperatively on common projects.*

The provincial clinical dietitians meet bi-monthly to share information, facilitate professional education and work cooperatively on common projects. A level two dietetic intern from UPEI completed a portion of her clinical nutrition placement at the Kings County Memorial Hospital and a nutrition student worked with the Dietitian and the Community Nutritionist during the summer months.

# *Acute Care*

*The activity in the emergency department and outpatient services has been increasing significantly over the past couple of years.*

Kings County Memorial Hospital is a 30-bed acute care facility providing services in general medicine, pediatrics, 24-hour emergency department, diagnostic services (lab and x/ray), nutrition counseling, physiotherapy, occupational therapy and pharmacy.

Our complement of seven physicians share responsibility for coverage of the emergency department on a 24-hour basis. Two nursing staff are scheduled for the day shifts and another two nurses are scheduled for the evening shift to provide client services in the emergency department. On the night shift, nursing staff is shared with the inpatient unit.

The activity in the emergency department and outpatient services has been increasing significantly over the past couple of years.

Kings County Memorial Hospital Statistics

| Fiscal Year | 2001-2002 | 2002-2003 | 2003-2004 | 2004-2005 | 2005-2006 |
|---|---|---|---|---|---|
| Number of beds | 30 | 30 | 30 | 30 | 30 |
| Admissions | 1,001 | 1,002 | 818 | 916 | 1,001 |
| Patient days | 9,683 | 9,223 | 8,517 | 8,524 | 8,909 |
| Percent occupancy | 88.4% | 86.4% | 75.3% | 77.8% | 81.4% |
| Average length of stay (days) | 9.7 | 9.2 | 10.3 | 9.4 | 8.9 |
| Emergency Room visits | 14,031 | 12,865 | 13,777 | 14,144 | 18,028 |

*Staff continue to receive essential training to remain current in their field of expertise.*

Inpatient services have also increased somewhat over the past year. The number of patient admissions has increased by 8.5% over the last year and the number of patient days has increased by 4.3% over the last year.

Staff continue to receive essential training to remain current in their field of expertise. Courses offered this past year by the clinical resource nurse and the head nurse of the emergency department include: CPR; CTAS (Canadian Triage and Acuity Scale) for Adults and Pediatrics; ABCs of Emergency Nursing, and a Nursing Workshop/Symposium. Total number of staff training hours during the year were 1,247.25.

In January 2006, KCMH participated in the official launch of the iEHR/CIS project (Island Electronic Health Record / Clinical Information System). This is a 21-month project which will establish one provincially integrated clinical information system consisting of electronic patient medical record, laboratory, pharmacy, emergency, order entry/results reporting, registration, admission/discharge/transfer, clinical scheduling and reporting modules. This $12.5M investment in Prince Edward Islands's seven hospitals and four medical health centres is designed to provide physicians, nurses and other health professionals with patient information required to improve patient care and safety.

# *Support Services*

*... new division within the hospital was created called Support Services.*

*... includes dietary, housekeeping, laundry and maintenance services.*

With reorganization this past year a new division within the hospital was created called Support Services. This division includes dietary, housekeeping, laundry and maintenance services. Major upgrades this year to the hospital include new low-E thermopane windows which were installed in the Admitting Department, Administration Offices and Medical Records to replace leaky, old 1971 vintage windows. As well, a new hot and cold food serving line with display case was installed in the cafeteria and a new sterilizer and washer sanitizer was installed in the Central Supply Room to enhance infection control.

*... significantly changed the medication distribution system on the nursing unit in an effort to improve patient care and safety.*

# *Pharmacy*

KCMH Pharmacy provides medication and medication-related services to KCMH in-patients. The pharmacy is currently staffed by a full-time pharmacist and a part-time pharmacy technician. The pharmacist is responsible for medication distribution to in-patients as well as being a resource for physicians and nurses on medication-related matters. The pharmacist is also available to speak with in-patients regarding their medications.

In the past year, the pharmacy has significantly changed the medication distribution system on the nursing unit in an effort to improve patient care and safety.

Our Drugs and Therapeutics Committee is a combined committee with pharmacist representation from both the Kings County Memorial Hospital and Souris Hospital. The function of the Drugs and Therapeutics Committee is to make recommendations regarding drug usage at each facility. In the past year, the committee has worked on a number of endeavors including changes to the formulary (list of medications available at the hospital), the creation of Anaphylaxis kits for both the Emergency Department and the nursing unit, various modifications to the IV Drug Manual and numerous policy implementations.

The pharmacist is also a member of the Accreditation Team for Acute Care and participates in tasks required for the introduction of the new island-wide electronic health record system.

# *Diagnostic Services*

*... exams performed at all seven sites read by the provincial radiologist group at the Queen Elizabeth Hospital.*

The diagnostic services department at KCMH includes; Diagnostic Imaging (X-Ray), ECG, and Laboratory. The services are provided 24-hours per day, seven days per week with staff on site more than 60 % of the time and covered on a call back basis for the remainder of the hours.

Diagnostic Imaging is now a provincial digital radiology system, with the exams performed at all seven sites read by the provincial radiologist group at the Queen Elizabeth Hospital. The system also enables the physicians at the rural sites to have the ability to have an online consultation with a radiologist should they have questions or concerns about a patients DI study. The system provides the opportunity for the local physician and the radiologist to view images at the same time. This has enabled cases to by pass the QEH and be sent directly to Moncton if that is determined to be the requirement, based on the initial exam.

The Diagnostic Imaging Manager is the representative for KCMH at the Provincial Diagnostic Imaging Advisory Council and enables a two way flow of information and concerns.

Electrocardiograms that are performed at KCMH are read twice a week by Dr. C. MacMillan at the QEH. There is a copy of all ECGs performed on in-patients and emergency patients kept on the chart prior to the original returning from Charlottetown.

Laboratory has continued to expand in the scope as well as volume in relation to available procedures. The financial support of the KCMH Foundation has enabled us to improve the technical level of the equipment within our lab which enables us to increase the number of tests that can be performed on site and improve the efficiency in providing our service. The Diagnostic

*... continues to monitor the cost effectiveness and the clinical implication of the present list of available tests and the capabilities to add more services.*

Services Manager, in consultation with the physicians and management, continues to monitor the cost effectiveness and the clinical implication of the present list of available tests and the capabilities to add more services.

| Activity<br>April 1, 2005 - March 31, 2006 | Volume |
|---|---|
| Number of Patient Visits | 6,600 |
| Number of X-rays Performed | 8,039 |
| ECGs Performed | 5,560 |
| Laboratory Patients | 15,328 |
| Laboratory Tests Performed | 32,844 |
| Laboratory Procedures Referred to QEH | 256,000 |